PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with pplicable fee(s), to: Mail Mail Stop ISSUE 1 E Commissioner for Patents P.O. Box 1450 Alexandra 2027 2027 2027 2027 2027

						71)-273-2885				
INSTRUCTIONS: This appropriate. All further c indicated unless corrected maintenance fee notification.	form should be used to correspondence including d below or directed officials.	for tran ng the l herwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new o	CAT of corre	TON FEE (if requirements fees versions)	ired). Bl vill be n ; and/or	locks I through 5 sh nailed to the current (b) indicating a sepa	nould be completed when correspondence address a trate "FEE ADDRESS" fo	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
23599 7590 03/20/2009										
MILLEN, WHITE, ZELANO & BRANIGAN, P.C. 2200 CLARENDON BLVD. SUITE 1400 ARLINGTON, VA 22201						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
inclintoroit, v							(Depositor's name)			
		e.	(Signature							
			(Date)							
APPLICATION NO.	NO. FILING DATE			FIRST NAMED INVEN	ITOF	OR ATTORNE		NEY DOCKET NO.	CONFIRMATION NO.	
10/551,559 10/03/2005				Werner Medersk	- 3014					
TITLE OF INVENTION: FOR THE TREATMENT	OF THROMBOSES	-DICAI	KBOX I LDIPHER	NYLAMIDE DERIV	AT.	IVES AS COAGUI	LATION	FACTOR XA INHI	BITORS	
APPLN, TYPE	SMALL ENTITY	NTITY ISSUE FEE DUE		PUBLICATION FEE D		PREV. PAID ISSUE FEI		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0		\$1810	06/22/2009	
EXAMINER			ART UNIT	CLASS-SUBCLAS]				
SAEED, KAMAL A			1626	514-235500				A.a. 22		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AN	ID RESIDENCE DATA	A TO BI	E PRINTED ON T	HE PATENT (print o	or ty	pe)				
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG	ss an assignee is identi in 37 CFR 3.11. Comp	ified be oletion o	low, no assignee of this form is NO	data will appear on t I a substitute for filing	he p g an	atent. If an assign assignment.	ee is ide	ntified below, the do	ocument has been filed for	
(D) ADDITION (OTT 1 MIN STATE ON COOKING)										
Merck Pate				Darmstad		****				
Please check the appropria	ite assignee category or	categor	ies (will not be pr	inted on the patent):		Individual KKCc	rporatio	n or other private gro	up entity Government	
4a. The following fee(s) are submitted: Since Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. \$1,810,00 Payment by credit card. Form PTO-2038 is attached. (EFS) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3402 (enclose an extra copy of this form).						
5. Change in Entity Statu	SMALL ENTITY statu	s. See 3	7 CFR 1.27.	☐ b. Applicant is no	lon	ger claiming SMAI	L ENTI	TY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeerly stated States	uired) w tes Pate	ill not be accepted nt and Trademark	from purions other th	nan t	he applicant; a regi	stered at	tomey or agent; or the	assignee or other party in	
Authorized Signature	/m					_{Date} May	28,	2009		
Typed or printed name	Brion P.	Hear	теў	***************************************		Registration N	o. <u>3</u> 2	2,542		
This collection of informat an application. Confidentia submitting the completed his form and/or suggestion Box 1450, Alexandria, Vir	tion is required by 37 C ality is governed by 35 application form to the ns for reducing this bur ginia 22313-1450. DO	FR 1.31 U.S.C. USPTO den, sho NOT S	1. The information 122 and 37 CFR 10. Time will vary ould be sent to the SEND FEES OR C	n is required to obtain 1.14. This collection i depending upon the i Chief Information O COMPLETED FORM	or i s est indiv ffice S T	retain a benefit by the timated to take 12 n vidual case. Any co er, U.S. Patent and O THIS ADDRESS	ne public ninutes t mments Tradema . SEND	which is to file (and o complete, including on the amount of tim rk Office, U.S. Depar TO: Commissioner for	by the USPTO to process) g gathering, preparing, and the you require to complete trument of Commerce, P.O. or Patents, P.O. Box 1450.	

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.